| Under the Paperwork Re | eduction Act of 1995, | no person are required | U.S. Pater to respond to a collection | nt and I racema on of informatio | n unless it display | s a valid OMB | control number | |
|--|-------------------------|---|--|-------------------------------------|--------------------------|------------------------|----------------|--|
| | Complete if Known | | | | | | | |
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | | Application Nur | | | 10/571,279-Conf. #6051 | | |
| FEE TRANSMITTAL | | | Filing Date | C | December 26, 2006 | | | |
| For FY 2008 | | | First Named In | | Keiko TAKAHASHI | | | |
| F0 | Examiner Name | rne S. J. Y. Loewe | | | | | | |
| Applicant claims small entity status. See 37 CFR 1.27 | | | Art Unit | ALCOIL | | 626 | | |
| TOTAL AMOUNT OF PAYMENT (5) 1,050.00 | | | Attorney Docket | Attorney Docket No. 1056-0133PUS1 | | | | |
| METHOD OF PAYM | ENT (check all th | nat apply) | | | | | | |
| Check Credit Card Moncy Order None Other (please identify): | | | | | | | | |
| x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP | | | | | | | | |
| For the above-id | entified deposit a | ccount, the Director | is hereby authoriz | ed to: (check | k all that apply) | | | |
| x Charge fee | e(s) indicated belo | DW | Charg | ge fee(s) indi | icated below, e | xcept for th | e filing fee | |
| Charge any additional fee(s) or underpayments of Credit any overpayments Today and 1.17 | | | | | | | | |
| FEE CALCULATION | | | - | | | | | |
| 1. BASIC FILING, SEAF | CH, AND EXAM | INATION FEES | | | | | | |
| | | | EARCH FEES | | ATION FEES | | | |
| Application Type | Fee (\$) | Small Entity Fee (\$) Fee | (\$) Small Entity (\$) Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees P | aid (\$) | |
| Utility | 310 | 155 51 | 0 255 | 210 | 105 | | | |
| Design | 210 | 105 10 | 0 50 | 130 | 65 | | - | |
| Plant | 210 | 105 31 | 0 155 | 160 | 80 | | | |
| Reissue | 310 | 155 51 | 0 255 | 620 | 310 | | | |
| Provisional | 210 | | 0 0 | 0 | 0 | | | |
| 2. EXCESS CLAIM FEES | | | | | | | Small Entit | |
| Fee Description | | | | | | | Fee (\$) | |
| Each claim over 20 (including Reissues) | | | | | | 50 | 25 | |
| Each independent claim over 3 (including Reissues) | | | | | | 210 | 105 | |
| Multiple dependent clair | ms | | | | | 370 | 185 | |
| Total Claims Ex | Total Claims | | Paid (\$) Multiple Depen | | Itiple Depende | dent Claims | | |
| 19 22 - = | | | | Fee | e (\$) Fee Paid (\$) | | | |
| HP = highest number of total | claims paid for, if gre | sater than 20. | | | | | _ | |
| | | ee (\$) Fee | Paid (\$) | | | | | |
| 6 6-= | 0 × | | | | | | | |
| HP = highest number of inde | | tor, is greater than 3. | | | | | | |
| 3. APPLICATION SIZE | | 1100-1 | | | | | | |
| listings under 37 CI | | | | | | | , | |
| sheets or fraction th | | | | | mij) ioi cuon u | uomonan 50 | | |
| Total Sheets | Extra Sheets | | additional 50 or fra | | Fee (\$) | Fee F | Paid (\$) | |
| - 100 = /50 = (round up to a whole number) x | | | | | | | | |
| 4. OTHER FEE(S) | | | | | | | Paid (\$) | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | | |
| Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,050.00 | | | | | | | | |
| SUBMITTED BY | | / | | | | | | |
| Signature // | Con! | Registration No. (Attorney/Agent) 32,181 Telephone (703) 205-8000 | | | | 5-8000 | | |
| Name (Print/Type) Marc 5 | S Weiner | | I (new instrugent) | | Date SEP 1 9 2008 | | | |

